	PATENT	APPLICATIO Effect	đĐ	,	06	50	216	0				
CLAIMS AS FILED - PART I								SMALL ENTITY			<u> </u>	RTHAN
Ti	OTAL CLAIMS	3	(Column	11)	(Coli	umn 2)	TY	YPE		OR		
FOR			+>-				-	RATE		] ′	RATE	FEE
<b>.</b>	OTAL CHARGE	ADLE CLAIME	<del>                                     </del>	NUMBER FILED		IBER EXTRA	B/	ASIC FE	EE 375.00	OR	BASIC FEE	750.00
<del> </del>			1	35 minus 20=		.15		X\$ 9=		OR	X\$18=	270
┝	DEPENDENT C		<u> </u>	minus 3 =		0		X42=	T	OR	X84=	
IVIC	JUNIPLE DEFE	NDENT CLAIM PR	RESENI	RESENT				+140=	1	OR		
* If	the difference	e in column 1 is	less than z	ero, enter	/ <b>"0" in</b> /	column 2	ᆫ	TOTAL		OR		1 - 2 (
	C	CLAIMS AS A	MENDE	) - PAR'	T II		٠	10,,	L	JOR	OTHER	1071
_		(Column 1)		(Colum	mn 2)	(Column 3)	- 5	SMALL	ENTITY	OR	SMALL E	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>N</u>	Total	. 35	Minus	# 3	5	=	<b>:</b>	X\$ 9=		OR	X\$18=	
AME	Independent	* 1	Minus	***	3	=		X42=	1	OR	X84=	
	FIRST PHESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	7		<del>\\</del>
							L	+140= TOTAL	<u></u>	OR	+280= TOTAL	
		(Column 1)		(Colur	O)	(O-1:	ADF	DIT. FEE		OR,	ADDIT, FEE	<u> </u>
8		CLAIMS REMAINING		(Colum	EST	(Column 3)	_		ADDI-	1 <sub>[</sub>		4201
AMENDMENT B		AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	<u> </u>	Minus	**	<u> </u>	-	)	X\$ 9=		OR	X\$18=	
AM	Independent	* ENTATION OF MU	Minus	***	21.01.0	=	7	X42=		OR	X84=	<u> </u>
	FINOT CALCE.	NIAHUN OF MU	LIPLE DEF	ENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	<b>!</b>	140=		1 t	+280=	
								TOTAL	<b> </b>	OR	+280= TOTAL	
		(Column 1)		(Calum	~ <b>^</b> \	<b>12</b> 1 21		DIT. FEE		OR A	ADDIT. FEEL	
ပ		CLAIMS		(Colum HIGHE	EST	(Column 3)	_		1.00			
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FI	USLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š		*	Minus	**	/	=	×	<b>(\$ 9=</b>		OR	X\$18=	
AME		<u> </u>	Minus	***		=	<b>I</b> —	×42=		<b> </b>	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If	f the entry in colum		140=		OR	+280=						
****	if the "Highest Nurr If the "Highest Nurr	mber Previously Paid mber Previously Paid	id For IN THIS id For IN THIS	S SPACE is ! S SPACE is !	less than	7. 20 enter *20 °	ADDI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	

**Application or Docket Number**